Breakout Session Relationship Management: Clarifying Expectations

The following report outlines the agenda, feedback and work done in the Relationship Management Breakout Session. During the session three work groups were formed to address the topics of communication/relationships, contracts, and performance measures. Each group was asked to identify the top 5 suggestions for improving the issue/topic addressed.

Everyone is invited and encouraged to review the minutes below and send comments and feedback related to any of the areas addressed. Since not everyone could be in every work group, we anticipate there will be additional situations, issues, needs and priorities identified. Anyone interested in working with us to address any of these priorities, please contact me specifying your interests by December 1, 2005. DMHA will be inviting interested individuals to participate with DMHA staff to problem solve and find ways to address priorities in a manner that better meets everyone's needs.

Feedback/comments and/or interest in being a member of a team to address priorities can be directed to Debbie Herrmann at debra.herrmann@fssa.in.gov.

Mental Health Systems Transformation Breakout Session Relationship Management: Clarifying Expectations Agenda 10-18-05

- 1. Welcome Introduction/Overview of session (5 minutes)
- 2. Each Work Group to meet concurrently for 45 minutes. Please identify the top 5 suggestions for improving the issue/topic addressed.
 - o Work Group 1. If you were to change the current relationship and communication with DMHA how would it be different/what would it look like? Opportunities/Challenges
 - Work Group 2. If you were to change the current contracts with DMHA, how would they be different? (for example: expectations and accountability)
 - o Work Group 3. Performance Reporting Using current data collected:
 - 1. How do you know when you are successful in providing care to consumers? (10 minutes)
 - 2. How should DMHA know when you are successful in providing care to consumers (10 minutes)
 - 3. How do consumers know when you are successful in providing care for them/their family (10 minutes)
- 3. END PRODUCT: Each work group will identify and report on their selected top 5 topic responses (30 minutes)
- 4. Wrap up/Next steps (5 minutes)

MINUTES

Relationship Management Breakout Session: Work Group 1. Focus on Relationships and Communication Debbie Herrmann/Tony Toomer

Situation	Issue	Need	Values
1. Communication:	Lack of clarity of	Need clearly defined	HIGH
	expectations and	expectations and consistent	
Sometimes get mixed/	consistency within	responses when questions are	
inconsistent messages from	DMHA, FSSA and	asked.	
DMHA regarding what's	CMS (MRO)		
expected of them. Serious		Need clear, consistent	
issue when there are	Mixed inconsistent	expectations and information	
conflicting messages from	messages can	communicated in a timely	
DMHA and CMS	potentially lead to	manner.	
regarding what's	non compliance with		
reimbursable	expectations or	Need DMHA, FSSA, and	
	potential	CMS to work together and be	
Lack of consistent	payback/legal	consistent with defining what	
information across	consequences	is reimbursable. Speak as one	
systems.		voice.	HIGH
When trying to get	Lack clear	Need clear understanding of	
information get	understanding of	DMHA organization and role	
transferred/ referred from	DMHA organization	of staff.	
one person to the next.	and who to call for	Suggested:	
Told someone else	what.	* Update org chart with brief	
handles		description of responsibilities	
	Lacks confidence	of each individual.	
Incorrect information	that there will be	* Directory who to call for	
continues to be sent out in	follow through on	what.	
spite of repeated requests	big things when little	* Regional consultant to track	
to change it.	things are not	down information and relay it	
	attended to.	back.	
Difficult to get			
information/ assistance	Dislike/ frustrating	Need follow through when	
from a DMHA staff person	when trying to work/	requests are made.	
who does not have the skill	gain information/		
sets and/or empowerment	insights with	Streamline communication	
needed to respond to the	individuals who lack		
need/ request.	competency/ subject	Define roles and ensure	
	matter expertise.	individuals have the skill sets/	
		competency to fulfill them.	
2. Relationships:	What level of	Need clearer understanding of	
_	empowerment does	DMHA relationship to/with	

How much influence does DMHA have on FSSA?	DMHA have/what limitations are placed on DMHA by FSSA?	FSSA. Need DMHA/FSSA to speak as one voice	
Current contracts largely boilerplate (all for one, one for all). Providers are addressed as a whole/ group versus having individual relationships with DMHA.	Concern that contracts are not individualized by each provider but all alike. Viewed as limiting. Want to improve individual relationships, understanding of expectations, and give and receive feedback with DMHA.	Recommend contracts have common components but also allow for greater individualization than currently exists. Suggest providers and DMHA meet individually on a regular basis to review expectations and contract issues	HIGH
Consumers frequently have multiple needs and receive/need services from multiple systems. Different systems request the same data.	collaboration between DMHA and other agencies and providers Different rules in each system lead to limitations in access to care, duplication and gaps in services as well as duplication of data submission requirements. Lack timeliness/ real time information across systems Request that PIPS have opportunity to contract for services	Need relationship management to build relationships and cooperation between DMHA and other agencies (across systems). Assist providers in doing the same at a local level. Both would improve access to care, reduce gaps/ duplication of services, and streamline data requirements.	HIGH
Group One Summary: Two Themes Emerged As High Priorities That Encompassed Most Items	with DMHA		

Listed During The	
Exercise.	
1. The need for	
clarification of	
expectations, roles and	
relationships to be	
communicated.	
2. The need for	
relationship management	
both with DMHA and	
providers and across	
systems.	

Relationship Management Breakout Session: Work Group 2. Focus on Contracts Jim Jones/Kendra Ballenger

Situation	Issue	Need	Values
Principle: Contract is cornerstone of the relationship	 Not mutually negotiated document Disconnect between expectations, legislation, and licensure Rules change without notice No mutual accountability Too many inconsistent exceptions (to contract rules) Needs to be shortened and understandable Contract with FSSA not DMHA - no DMHA silo or conflicting policies (conflicting with other FSSA agency policies) Need to identify parameters of DMHA authority in contract negotiation Contract needs to be complete at the time of 	 Allocation formula incentives need to match public policy decisions, legislative and licensure requirements Service expectations must match resources MBEWBE needs clarification Contracts are not mutually negotiable documents and not complete at the time of signature DMHA needs to be clear on who determines mental health policy reflected in the contract 	HIGH HIGH HIGH

Relationship Management Breakout Session: Work Group 3. Focus on Performance Measures Jack Vandeventer/Mike Ferry

Situations	Issue	Need	Values	Who
What ever questions we ask			HIGH	
the consumer and send as				
data DMHA should add				
value to consumer treatment				

should be used as an electronic system health care and reported once State vs. DMHA. Reporting requirements (DOC, DFC, OMPP, DMHA) not one consistent set of data, not even within FSSA.		Empower DMHA to be the one repository of all MH and addictions accountability	HIGH
even widin 1 887 i.		metrics for the state - entire state	
Evidence-Based protocols are mandated by DMHA and its contractor without defining desired outcomes / Cost micromanagement	Change fidelity measures to outcomes	Fidelity measures are expensive and don't result in outcomes (psychiatrist time, training costs)	HIGH
Government scandal in other parts of FSSA and other parts of State government result in more and more bureaucratic requirements placed on DMHA and its providers making doing business with the state more costly and less efficient.		Punish the offending part of state government instead of all of state government and the agencies that do business with the state.	
Centers are punished for doing a good job (e.g. Centers that do a good job of keeping consumers out of the hospital can't get SOF agreements, can't get ACT teams)		Is ACT really needed? Reward Outcomes & Good Performance	HIGH
Provider, consumer satisfaction surveys.	No good measure of family satisfaction. Consumer satisfaction reports are not done in a timely manner.	Haven't defined success. Families are not involved	Reports need to be hybrid. Surveys need to occur closer to when treatment occurs.
Consumer family expectations	Consumer & family expectations	Haven't defined success. Families are not involved	Reports need to be hybrid

	shaped by media			
GAF scores could replace HAPI scores		Need a functionally assessment score with high inter- rated reliability	HIGH	
HAPI scores are not good measures of outcomes Time consuming			HIGH	
Consumer report card is not timely we have to contract to get consumer feedback more quickly	In State, Statue, Federal required	Get something quickly from client in timely manner (6 months or quicker)	MEDIUM	
Diverse computer systems				
Has a detailed system of performance measures for 10 providers				
Can monitor metrics consumer satisfaction utilization				
Enrollment data is collected by DMHA but not report back		Stop it or use it. We want access to the data. We want useful reports.		
Outcomes are defined by federal requirements				
Low & no service report has not got a threshold				
Focus for DMHA is on low functioning / high cost individuals	Doesn't give a good economic return to society	Need to focus on higher functioning people. Can't do it politically or sociologically.		